“For Whom Is Breast Best” explores some of the contradictions between exclusive breastfeeding and empowered motherhood. This paper asks why new mothers go unsupported in tangible and practical ways, but takes criticisms of the “breast is best” dogma a step further, considering the possibility that long-term and exclusive breastfeeding might epitomize the movement toward child-centredness at the expense of maternal agency. Exploring the rhetoric of indispensability that results within the breastfeeding dyad, the article examines the class implications for women who do not have the luxury of maintaining a nursing relationship and considers the guilt that working-class mothers, who may lack the privacy and flexibility to nurse and/or pump, may face, leading to a positioning of breastfeeding as an idealized site of maternal privilege. By using the feminist language of corporeal agency that has guided activism around abortion rights and anti-rape advocacy, I will argue that breastfeeding must be taken up as a site of feminist activism, and must be viewed through the language of choice, acknowledging the tremendous physical and emotional impact on mothers, rather than simply looking at the benefits for their babies.

Introduction

There are under-researched and unexplored contradictions between exclusive breastfeeding and empowered motherhood. Advocates of “breast is best” campaigns argue that the chief problem with a pro-breastfeeding stance is a lack of support, noting that new mothers go unsupported in tangible and practical ways. Ultimately, however, this criticism is inadequate and betrays the argument at the core of the “breast is best” campaign: that all women will “naturally” adore breastfeeding if given proper support. I want to consider the possibility that long-term and exclusive breastfeeding epitomizes the movement toward child-centredness at the expense of maternal agency. By exploring the
rhetoric of indispensability that results within the breastfeeding dyad, I aim to examine the class implications for women who do not have the luxury of maintaining a nursing relationship and consider the guilt that working class mothers, who may lack the privacy and flexibility to nurse and/or pump, may face, leading to a positioning of breastfeeding as an idealized site of maternal privilege. By using the feminist language of corporeal agency that has guided activism around abortion rights and anti-rape advocacy, I will argue that breastfeeding must be taken up as a site of feminist activism, and must be viewed through the language of choice, acknowledging the tremendous physical and emotional impact on mothers, rather than simply looking at the benefits for their babies.

A locus for ambivalence

Before the babies, in the days when my breasts tended more toward plaything than all-you-can-eat buffet, I hadn’t thought a lot about breastfeeding. I intended to try it, I hoped it wouldn’t be too painful and that the baby and I would get the hang of it quickly, but on the whole, given the hours I spent poring over books on pregnancy, the all-important time spent contemplating the epidural, it seems ridiculous, in hindsight, that I didn’t really think about breastfeeding.

And the babe was born (without an epidural, incidentally), and he was placed to my breast and everything went … perfectly. He latched. He latched again. It didn’t hurt very much. He ate a lot, but he ate well. He gained weight quickly and thrived. Okay, yes, there was that brutal couple of weeks of engorgement where our house constantly smelled of rotting cabbage, but on the whole … piece of cake. Right? Not right. The problem was … I didn’t like it. I didn’t like it at all. To my shock and dismay, breastfeeding became the locus for all of my ambivalence about motherhood and all my rage about gender roles, wrapped up in the “perfectly balanced nourishing meal for baby!”

Breast is best…

Before I had the baby, I was already vaguely concerned about the aggressiveness of marketing campaigns around breastfeeding, as well as the strange contradictions between the fervency with which breast was presented as best and the outright hostility to breastfeeding that I perceived the rest of the time. Our office had a nursing room, a sequestered windowless chamber in the back of the building with a shabby glider rocker and a change table. My nursing friends would heave their enormous strollers through elevators while their babies screamed on the way to the nursing room in the shopping mall. On the rare occasion that I saw a mother nursing in public, she looked guarded and tired. If I had any concerns around the “Breast is best” message that was looming from every wall of the health centre where I worked, it was simply that the message went unsupported in practical, concrete ways. Everything was designed to prevent me from breastfeeding: the lack of comfortable space,
the concerns about modesty from my parents and other family, the big box of formula that had arrived on my doorstep in my last month of pregnancy. As a feminist, I could see the problem with the campaign only in terms that spoke to the contradiction between the message of “breast is best” and the obvious low priority placed on breastfeeding in virtually every way. By having a midwife, by surrounding myself with supportive friends and defiantly refusing to be sequestered each time my baby needed to eat, I would make sure that breast was best for us. But there we were, months later, with ample support and nursing well established and I was still unhappy. I was on maternity leave and didn’t need to worry about pumping at work. I was comfortable and experienced enough to nurse wherever I needed to. And I still didn’t like it very much. What was wrong with me?

What was wrong was that breastfeeding was not best for us: it was best for him. It really wasn’t all that great for me. Oh, there were aspects of it that I liked, in terms of convenience and the warmth of snuggling my tiny boy … but those reasons would probably have made me enjoy nursing once or twice a day. Maybe three times. I really wasn’t getting the joy of nursing the ten or thirty times a day, and night, that my little one seemed to require. On a mundane level, my breasts were slightly sore and bruised feeling. I still struggled with engorgement periodically. And while I had lovingly embraced my ripe pregnant body, my nursing body seemed overripe, unfamiliar and uncomfortable. Through the wintertime, I was often cold and resented the draftyness of breastfeeding.

These concerns, however, paled next to my real source of discomfort. Ultimately, I most resented the ways that breastfeeding made me indispen- sable. No bottles for my boy—not because I was afraid of the dreaded nipple confusion, but rather because he was a discriminating gourmand who would only take his nectar from the source, thank you very much. Coupled with the fact that he hated solid food, I was intractably tethered for nearly a year. Now, undoubtedly some parenting models, particularly attachment parenting, would tout that as a benefit of breastfeeding, that the biological connection of mother and child ought to be one of indispensability. Despite the fact that I tend toward attachment parenting in many respects, however, I am very uncomfortable with the extent to which such philosophies tend to promote child-centredness at the expense of mothers. I certainly didn’t think my child should crawl to the fridge to fix his own bottle in the middle of the night, but I did think that perhaps it would be nice if Dad could feed him for a change.

…for whom?

Ultimately, it was this seemingly undiscussed contradiction between child-centredness and feminism that led to my deep ambivalence about breastfeeding. “I’d feed him if I could!” said my partner and my mom. But they couldn’t. And so, from the earliest moments of his life, we were indelibly cemented together.
What does it do to gender equality when a birth mother is immediately indispensable to her child? Can a balanced approach to parenting ever emerge from such a beginning? When Noah was two weeks old, and was sleeping for no more than twenty minutes at a time, my midwife suggested that I connect with another mother who was struggling with breastfeeding. I phoned Heather who was at the end of her rope, cracked, bleeding, and completely overwhelmed. “Even the midwives think I need to give up!” she wept. And so she did. She put her son on formula and he thrived. He quickly dropped to four or five feedings a day, and although I am certain that it was coincidence that he was the only child in our new-baby group to sleep through the night at two months, I found myself in the grip of a strange emotion. Heather struggled because she was not able to provide the “best” food for her son. But I struggled because I wanted the convenience and—let’s face it—the sleep, that I could see occurring in my friend’s family. More importantly, however, I felt that Heather and her partner had a more equal approach to parenting their son because his most basic need could be met by both of his parents.

At the core of my concern, beyond the issues of discomfort and inconvenience was this: I hated the fact that in the first months of my son’s life, I was undoubtedly the only parent that really mattered. I hated the precedent that that set; I hated the extent to which it bought into gender norms that I spent the rest of my life trying to overthrow. I could live with discomfort for the relatively short time I would spend nursing my babies, but the far reaching implications of our relationship being rooted in indispensability made me fearful that the reality of shared parenting was a myth. Ultimately, the baby was mine, to be returned to me whenever he was truly hungry (or simply unhappy, or needed to sleep, because breastfeeding serves so many more roles than simply that of sating hunger). Through his nourishment, I became my son’s source of comfort in ways that make our relationship, four years later, distinct. Author Catherine Newman (2004) observes a similar dynamic in her family, musing that, “There’s no doubt that Michael is the better parent. Which makes this next thing I’m going to say all the more peculiar: At night? At night the children, well, they hate Michael. They loathe him. They treat him like he’s a hideous stranger who’s broken into the house to give them extra vaccinations and force-feed them hardboiled eggs.” Newman goes on to say, “I think that some primal thing returns at night: I nursed them, and now I’m the night person. The comfort person. The long hair is part of it, but really, I think it’s just the way I smell.”

Undoubtedly my partner and I would have had different relationships with our children, because we are different people. But the extent to which Mama is the solace, the comfort and the rock, particularly in the middle of the night, feels like it plays to the most basic of gender stereotypes. My children love their father, adore him passionately, but they require me. I will never be sure, but I wonder if not nursing would have made any difference. And although I believe that the gender dynamics created by breastfeeding could be minimized
in an environment that was much more genuinely supportive of breastfeeding (as opposed to one which simply strongly encourages mothers to do so with no real supports in place), I find it hard to imagine the context that would allow me live in a heterosexual relationship and nurse exclusively for six months without playing into regressive gender roles. As someone committed to raising my children in a feminist environment, I am concerned about what I teach them by my indispensability, by the frantic arrangements that need to be made for Mama to take some time out.

The privilege of angst: Class on the rack

It isn’t simply the gender dynamics that make “Breast is best” so problematic. I can appreciate the privilege in my owned spoiled brat insistence that indispensability is so, like, awful. I recognize, however, that I am enormously lucky to have the option of being tethered to my children in this way. Jodi Kantor of the *New York Times* documented the two-class system for nursing mothers in the U.S. and, presumably, in Canada (September 1, 2006). Using the example of Starbucks, she discussed the private lactation room, company supplied pumps and easily accessible refrigerator available to the company’s employees at head office. By contrast, Kantor considered the experience of front-line workers who must furtively pump in one of the shop’s few washrooms while anxiously counting minutes of break time. Unsurprisingly, Kantor chronicled that many blue-collar workers “choose” not to breastfeed. She noted that, “It is a particularly literal case of how well-being tends to beget further well-being, and disadvantage tends to create disadvantage — passed down in a mother’s milk, or lack thereof” (A1). Of course, it is not only the baby who loses out in this scenario; it is the mother who faces the enormous expense of formula and, of course, in the face of the “Breast is best” campaign, is faced with a huge sense of guilt.

Toronto’s world famous breastfeeding guru, Dr. Jack Newman (1998) considers the idea of guilt around breastfeeding, suggesting that the idea that aggressive breastfeeding campaigns make mothers feel guilty is simply a red herring put out by formula companies. He writes that,

Let’s look at real life. If a pregnant woman went to her physician and admitted she smoked a pack of cigarettes, is there not a strong chance that she would leave the office feeling guilty for endangering her developing baby? If she admitted to drinking a couple of beers every so often, is there not a strong chance that she would leave the office feeling guilty? If a mother admitted to sleeping in the same bed with her baby, would most physicians not make her feel guilty for this even though it is the best thing for her and the baby? If she went to the office with her one week old baby and told the physician that she was feeding her baby homogenized milk, what would be the reaction of her physician? Most would practically collapse and have a
And they would have no problem at all making that mother feel guilty for feeding her baby cow’s milk, and then pressuring her to feed the baby formula. (Not pressuring her to breastfeed, it should be noted, because “you wouldn't want to make a woman feel guilty for not breastfeeding.”)

Newman makes some excellent points regarding the aggressive techniques of formula companies and the obvious investment they have in minimizing breastfeeding. Nonetheless, he draws a false parallel between other “risky” behaviours and the choice not to breastfeed. Simply put, he does not consider that for many women, there is no choice to be made. Similar to the seemingly eternal feminist debate about working outside the home, for many mothers the decision to work—and to breastfeed—is so constrained that there is truly no element of choice involved.

Interestingly, pro-breastfeeding literature seems to have caught on to the idea that in the twenty-first century, market forces present a useful way of considering the pros and cons of breastfeeding. On a website put up by Toronto Public Health, one of the ways that breastfeeding is beneficial to mothers is that “Parents of breastfed babies are absent from work less often,” presumably because of the health benefits of breastfeeding. For mothers who cannot make the decision to breastfeed, the message would seem to be that they are doomed to be uncommitted workers as well as ineffective mothers.

In the face of the class dynamics of breastfeeding, it would seem that the neurotic frustrations that I opened this paper with are perhaps less relevant. Ultimately, however, it is the constellation of effects of not only pro-breastfeeding campaigns, but breastfeeding itself that require feminists in particular to consider a new analysis of the topic. The fact that feminist mothers often buy into “natural parenting” or “attachment parenting” models that privilege breastfeeding as a natural choice betrays many of the class dynamics of feminism and likewise fails to address the deep ambivalence that many young feminist women may feel toward breastfeeding. It is therefore imperative that contemporary feminists theorizing about motherhood consider the implications for family dynamics within families where breastfeeding is a source of both sustenance and discord; and that feminists look at the murky politics behind a politics of choice around breastfeeding that may potentially betray sinister imbalances on the basis of class, gender and beyond.

**Madonna and child: On hating nursing**

Recently a friend of mine who had a baby several months ago said, shrugging, “Every time I had to nurse him, I thought I was going to throw up. But I didn’t tell anyone, because I thought I was supposed to be enjoying myself.” Much of the pro-breastfeeding literature focuses on the contentment and enjoyment of mothers, the “blissed-out” hormonal reaction that women have to nursing, the natural anti-depressant effects of breastfeeding. Mothers who
do not experience the beatific splendour of breastfeeding (particularly in situations where there are no obvious barriers such as extreme pain) can often feel unnatural. Ayun Halliday, author of *The Big Rumpus* (2002), recently organized a “virtual book tour” for the UK release of that book. The book was reviewed and discussed on a number of weblogs. Strikingly, it was the following passage on which many reviewers chose to focus:

Shortly after moving to New York, I decided I’d better make a plan in case I got pushed in front of a subway train. I’d read a grisly short story a former transit cop had published in *Esquire* on this subject… In the cop’s story, the pressure of the train squashing the woman against the platform acts as a temporary tourniquet, keeping her alive just long enough to identify the purse snatcher who gave her that fatal shove. It was tawdry, all right, but it stuck with me. Waiting for the train, I wondered what I would say if I were pinned between the train and the platform with just minutes to live. Not long after Inky’s birth it hit me. If I ever had the misfortune to be flung in the path of an oncoming train, I could instruct the gaping herd to bring me my baby. “I want to feed her one last time. Don’t bother with the sarong, boys!”… I never managed to explain why Inky hadn’t gone flying under the train with me. Maybe her backpack came with a special ejection seat. It wasn’t important. All that mattered to me was a good death and the chance to feed my baby one last time. (186)

Blogger Julia of “Here be Hippogriffs” gives the following response:

I breastfed Patrick. After three weeks of cracked bleeding nipples, numerous infections, and much weeping and gnashing of the teeth (mine) it got better and we persevered and it was fine. But, to borrow a fantasy from *The Big Rumpus*, would I have asked to nurse Patrick one final time if I found myself fatally pinned between a subway car and the platform? No. I would have asked for some goddamned morphine or, failing its ready availability, one last Camel Light now that I would no longer need to worry about cancer or setting a poor example for my son. Reading Ayun’s paean to breastfeeding made me feel... inadequate. About something we had both done but I was suddenly afraid that I had not sufficiently enjoyed! How ridiculous is that? (August 7, 2006)

Perhaps it *is* ridiculous. But perhaps, instead, it is part of the insidious position that it is not enough to breastfeed. In order to be truly natural, one must not only breastfeed, one must derive pleasure from the activity of nursing. And despite the rhetoric of how breastfeeding is best for both babies and
their mothers, it would seem that we should enjoy breastfeeding precisely because of its sacrifice. We should enjoy breastfeeding in the same way we should enjoy motherhood, not despite, but because of its child-centeredness, because of all the ways we must put aside our selves. How can we begin to reconcile this model with feminist ideals? This is at the heart of the challenge of dealing with breastfeeding: in a liberal individualistic society, we have been taught that we have certain rights. The notion of personal freedom is meant to be emblematic of Western women in the new millennia. When a woman mothers someone with his or her own rights, however, there is a fundamental contradiction. In my estimation, nowhere is this contradiction more obvious than with respect to breastfeeding. Breastfeeding is undoubtedly beneficial to babies. But unless pro-breastfeeding messages begin to acknowledge that there are many women for whom breastfeeding is, at worst, impossible or, at best, unpleasant, then the message that I take away from such campaigns is simply that to be a good mother, I must subsume myself to my children. Furthermore, I must enjoy it.

But I’ll never know…

Some time back I mentioned that I was curious about the ways that not nursing would affect the gender dynamics of parenting in my home. The arrival of baby number two would appear, then, to provide a great opportunity for research. We’ve got our control kid and now we can do the experiment properly, no? No. Because despite my ambivalence, I went on to nurse Noah for almost two years. And now baby Molly is here, and guess what? She hates bottles, too! So why didn’t I simply wean my babes to formula? Why did I begin this dance of dependency afresh with my second child, knowing all that I know? I suppose that on some intrinsic level, I do believe that their need for nutrition trumps all of my concerns. Breastfeeding is where I realize, on the most visceral level, that the model of liberal individualism is bullshit, that the contemporary value of personal freedom cannot ever be realized without a cost. Their needs do trump mine, and I couldn’t, and can’t justify not giving them the benefits of breastmilk despite my ambivalence. I hasten to add, however, that this implies no judgment of anyone who, for whatever reason, chooses not to breastfeed. Breastfeeding involves our bodies and our autonomy: it must involve our consent. When I read Dr. Newman’s treatise on guilt, I worry that it is not far removed from another child-centered debate that privileges children—fetuses—over the bodies and autonomy of their mothers. With that debate (and by now it must be clear that I am referring to abortion), feminists asserted a woman’s right to choose, without caveats, without justifications, without judgment. When it comes to breastfeeding, however, the feminist response is oddly silent. Is it because we’ve betrayed the sisterhood by choosing to procreate? What would a feminist response to the politics of nursing that based itself on some of the rhetoric around abortion look like? And would such a politically loaded response simply maintain stereotypes about fire-breathing,
baby-eating feminists? Or would it potentially provide a basis for the type of analysis, on the basis of power and privilege, gender, class and more, that we sorely need to apply to a discussion of breastfeeding as we move forward into the twenty-first century?

Conclusions

The other day, I opened the trunk of my car and found that my son's rubber ball had sprung a leak and lay there, squashed and lumpy. I stood there for awhile—I'm tired these days, and not moving all that quickly—and thought, “Huh. What does this remind me of?” After a while, it came to me, and I thought, “Gosh, I hate breastfeeding.”

I don’t hate breastfeeding. Aesthetics aside, I have come to find the lovely moments of nursing my babies. What I do hate is the view of breastfeeding that eliminates all the shades of grey from my experiences, that allows me, as a breastfeeder, only to be a crunchy, groovy Earth-Mama who gives my kids the world and myself and likes it every day. I hope that we have made some headway in recognizing the profound ambiguity and ambivalence of mothering in general. Isn’t it time that we extend that analysis to breastfeeding?

The concern from pro-breastfeeding advocates is that if we allow women to choose to breastfeed despite everything, to acknowledge the health benefits for our babies, but to also acknowledge the class and gender implications of breastfeeding, and to struggle with the individual costs and stressors of each nursing relationship, women will choose not to breastfeed. So we minimize any potential inconvenience and stress only the positive. Toronto Public Health informs us that “Breastfeeding helps mothers respond better to stress.” That may be true for some women. Personally, I think that an acknowledgement of the stressors associated with breastfeeding, an honest outlook that suggests that breastfeeding may be a pain in the ass, but that it may be, nonetheless, worth it, would result in higher rates of sustained nursing. Certainly such an approach would allow me to “respond better to stress.” In the meantime, I’ll continue my campaign to be a grouchy nurser in aid of those shades of grey.

References


